

Reexamination	Application/Control No.	Applicant(s)/Patent Under Reexamination
	Certificate Date	Certificate Number

Requester Correspondence Address:	<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Third Party

LITIGATION REVIEW <input type="checkbox"/>	(examiner initials)	(date)
Case Name	Director Initials	

COPENDING OFFICE PROCEEDINGS	
TYPE OF PROCEEDING	NUMBER

--	--